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TRANSMITTAL FORM

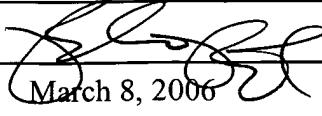
(to be used for all correspondence after initial filing)

		Application No.	09/882,485
		Filing Date	June 15, 2001
		First Named Inventor	Jay H. Connally
		Art Unit	2616
		Examiner Name	Fish, Jamieson W.
Total Number of Pages in This Submission	15	Attorney Docket Number	42390P11866

ENCLOSURES (check all that apply)

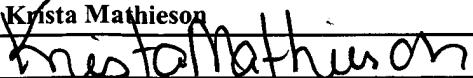
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> - First Class Certificate of Mailing; and - stamped return receipt postcard </div>
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 8, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson	Date	March 8, 2006
Signature			

Based on PTO/SB/21 (09-04) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



MAR 10 2006

FEET TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\$)** **0.00**

Complete if Known	
Application Number	09/882,485
Filing Date	June 15, 2001
First Named Inventor	Jay H. Connelly
Examiner Name	Fish, Jamieson W.
Art Unit	2616
Attorney Docket No.	42390P11866

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	24	80* = <input type="text" value="0"/>	x <input type="text" value="50.00"/>	= <input type="text" value="\$0.00"/>
Independent Claims	5	24* = <input type="text" value="0"/>	x <input type="text" value="200.00"/>	= <input type="text" value="\$0.00"/>
Multiple Dependent				= <input type="text"/>

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) <input type="text" value="0.00"/>		

**or number previously paid, if greater, For Reissues, see below

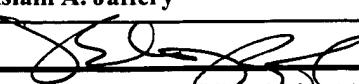
2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	<input type="text"/>
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	<input type="text"/>
2053	130	2053	130	Non-English specification	<input type="text"/>
1251	120	2251	60	Extension for reply within first month	<input type="text"/>
1252	450	2252	225	Extension for reply within second month	<input type="text"/>
1253	1,020	2253	510	Extension for reply within third month	<input type="text"/>
1254	1,590	2254	795	Extension for reply within fourth month	<input type="text"/>
1255	2,160	2255	1,080	Extension for reply within fifth month	<input type="text"/>
1401	500	2401	250	Notice of Appeal	<input type="text"/>
1402	500	2402	250	Filing a brief in support of an appeal	<input type="text"/>
1403	1,000	2403	500	Request for oral hearing	<input type="text"/>
1451	1,510	2451	1,510	Petition to institute a public use proceeding	<input type="text"/>
1460	130	2460	130	Petitions to the Commissioner	<input type="text"/>
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806	180	1806	180	Submission of Information Disclosure Stmt	<input type="text"/>
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
Other fee (specify)		SUBTOTAL (2)			(\$) <input type="text"/>

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone	(303) 740-1980
Signature				Date	03/08/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
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